

Deliverance Bible Institute Student Application

	Mail completed application to:	Please do not write in this space:		
	Deliverance Bible Institute	Date rec'd:	Paste	
	Registrar		Close-Up	
	1008 Congress Street	Ref's mailed:	Picture	
	Portland, ME 04102	App. approved:	of Applicant	
	Questions? 207-774-8192	N. de l	Here	
		Notified:		
I. APPL	LICANT			
1	1 Name in full:			
2	P Rirth date:			
	3. Home Address:			
		scribes you? Single Engaged	d □Married	
•		ited □Divorced □Remarried		
5		ng have you been engaged?		
	When is marriage intended			
6	6. Number of children (if any)	: Ages & Gender: _		
	7. Nationality:			
1. V 2. H 3. H 4. C	Have you received the Baptisn Of what church are you a men	eing converted? n of the Holy Ghost? nber? done? _		
III. HE	ALTH			
	Rate your general health: □Ex		□Poor	
2. F	Height:	Weight:		
	List any severe illness or injury you have had:			
	When? (approximate)			
		subject to any of the following?		
L	_Epilepsy	Asthma □Heart Trouble □Ne	rvous Disorder	
IV. EDU	UCATION			
1. V	When do you wish to enter?			
2. F	Have you been dismissed from any other school?			
	Are you a High School graduate?			
	State last grade completed:			

	5. Name and address of High School:			
	6. What other schools have you attended since then?			
. PL	ANS AND INTERESTS			
	8. Have you a definite call to Christian work? What field?			
	9. List any musical instruments that you play:			
	10.Do you sing? What voice?			
	11. Have you any other accomplishments?			
. SI	ECULAR RESPONSIBILITIES			
	List any type of secular work and give name and address of your last employer:			
	2. Do you have any means of contributing regularly toward the expenses of the school? 3. Do you plan to live at the school? 4. Is anyone dependent upon your support? 5. Are you in debt? If so, to what extent?			
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I.	MY PURPOSE IN ATTENDING DELIVERANCE BIBLE INSTITUTE:			
III.	SUBMISSION TO AUTHORITY			
	Since we consider the following question most important both to you as a student in training, and to us who are over you in the Lord, we ask you to give your prayerful consideration.			
	If accepted as a student, are you willing to submit cheerfully to all the regulations of the school, obeying all of those who shall have authority over you?			
	Signature:			
	Date:			

1. Pastor: 2. Sunday School Superintendent or teacher: 3. Two other references of good Christian Character (not a relative): **Remarks &/or Questions:**

PRINT CLEARLY NAMES AND ADDRESSES OF REFERENCES AS FOLLOWS:

IX.